



Stratford-upon-Avon Athletic Club Junior Section Membership Form

Stratford-upon-Avon Athletics Club supports the inclusion of all groups in society irrespective of gender, race and disability.

We are very pleased to welcome you to Stratford-upon-Avon Athletic Club. To ensure that we have the correct contact details for you, please insert the information requested below and return this form to Gail French or the respective Age Group Leader. If you are under 16 please ask your parents or guardians to sign the form before it is returned. We will also use this information to ensure that you are kept informed about club events.

Up to date personal details are extremely important to us, therefore, to keep our records up to date, you are requested to inform the Age Group Leaders of any changes immediately e.g. address, telephone numbers, E Mail, medical information etc. Out of courtesy we would like you to inform us if for any reason the Athlete no longer wishes to be a member of the club.

PERSONAL DETAILS

Name: _____ Sibling at Club? _____

Address: _____

_____ Post Code: _____

Home telephone number _____ Mobile _____

Email _____

Date of birth _____ Gender Male Female

School Name _____ School Year _____

SPORTING INFORMATION

Have you competed in athletics before? Yes No

If yes, where have you competed: (please indicate below)

Primary School

Secondary School

Local authority coaching session (s)

Club

County

Other (please specify): _____

MEDICAL INFORMATION

Please detail below any important information that our coaches/junior co-ordinator should be aware of (e.g. epilepsy, asthma, diabetes, etc) _____

EMERGENCY CONTACT DETAILS – To be completed by Parent/Guardian

Please insert the information below to indicate the person(s) who should be contacted in case of incident/accident:

Contact names (e.g. parent/guardian): _____
(PLEASE PRINT)

Emergency contact number: _____

Second contact number: _____

By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club.

I understand that I will be kept informed of these activities – for example timing and transport details.

I understand that in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

Name of parent/guardian: _____
(PLEASE PRINT)

Signature of parent/guardian: _____ Date: _____

DISABILITY

The Disability Discrimination Act 1995 defines a disabled person as anyone with “a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities”.

Do you consider yourself to have a disability? Yes No

Visual impairment	<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>
Physical disability	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>
Multiple disability	<input type="checkbox"/>	Other – please state	<input type="checkbox"/>

If yes, what is the nature of your disability? Please give written details overleaf.

DISABILITY DETAILS

REMITTANCE SLIP

PLEASE RETURN WITH PAYMENT

Cheques should be made payable to "Stratford-upon-Avon Athletic Club"

Membership Fee (to 31st March 2006) Full Year - £50.00 Half Year - £25.00
Sibling Rate (to 31st March 2006) Full Year - £44.00 Half Year - £22.00

1st Payment due before 30th April, 2nd payment due before 31st October.

Amount enclosed £ _____ Full Half

Name of Athlete _____

Age Group _____

Signed _____ Date _____
(Parent/ Guardian)

Please return to: -

Gail French - Membership and Subscription Co-ordinator at
24 Tennyson Road, Stratford-upon- Avon, Warwickshire, CV37 7JU or

To the relevant age group Senior Coach: - U11 Carolyne Johnston, U13 Sandie
Evans or U15/U17/U20 Paul Bearman.